

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**ROMNEY FOR PRESIDENT, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. YVONNE M. WANTOCK**

Mailing Address 677 W. BURNS VALLEY ROAD

City	State	Zip Code
WINONA	MN	55987-5011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

615.00

**Transaction ID : SA17.1755394**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	2

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

**B. Full Name (Last, First, Middle Initial)**

**MR. SEEMAN WARANCH**

Mailing Address 108 60TH STREET

City	State	Zip Code
VIRGINIA BEACH	VA	23451-2111

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INSCO GROUP, INC.

Occupation  
INSURANCE

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.1633678**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	2

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

**C. Full Name (Last, First, Middle Initial)**

**MRS. LORRAINE O. WARBY**

Mailing Address 3268 SANTA CLARA DRIVE

City	State	Zip Code
SANTA CLARA	UT	84765-5347

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DIXIE REGIONAL MEDICAL CENTER

Occupation  
REGISTERED NURSE

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.1455204**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	2

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

**Subtotal Of Receipts This Page (optional)**.....

750.00

**Total This Period (last page this line number only)**.....